

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		25	04 30 - 01 -
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	9/22/2002
2	9/22/2002
3	9/22/2002
4	9/22/2002
5	9/22/2002
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49	9/22/2002
50	9/22/2002

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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